



P.O. Box 365 • Waxhaw, NC 28173

www.carolinapaws.com

APPLICATION FOR CANINE ADOPTION

Filling out an application does not obligate you to adopt nor does it guarantee an adoption.

Date:		Name of dog desired:	
Type of dog desired:			Color(s):
Age of dog desired:	Oldest dog considered:		Approx. weight as an adult dog:
Applicant Information			
Name:			
Address:			
City:	State:	Zip:	
Telephone numbers: Home:	Work:	Cell:	
E-mail Address:			Date of Birth:
Number of People in Household:		If children are in the household, please list ages:	
Are you or any member of your family allergic to pets: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been tested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	
Co-Applicant Information			
Name:		Relationship:	
Telephone numbers: Home:	Work:	Cell:	
E-mail Address:			Date of Birth:
Are you presently: <input type="checkbox"/> Employed Employer:		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	
General Information			
Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Mobile Home <input type="checkbox"/> Farm/Barn			
If rental, are dogs allowed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Size Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max. Size:
Complex name/address:			
Manager/Landlord:			Phone number:
Current housing location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits			
Type of street: <input type="checkbox"/> Very busy road <input type="checkbox"/> Slight traffic <input type="checkbox"/> Residential area <input type="checkbox"/> Country road	Speed limit:		
Where will dog live? <input type="checkbox"/> Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside			
Where will the dog spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside			

To check the Checkboxes () press the spacebar over the applicable answer.



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Do you have a fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, how high?
Will you allow the dog to run loose? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, where?
How many hours per day will the dog be alone?	Where will the dog stay when left alone?

Describe the activity level in your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home)
	<input type="checkbox"/> Noisy (TV, stereo, machinery, tools, children playing, dogs barking)
	<input type="checkbox"/> Moderate (Normal comings and goings)
	<input type="checkbox"/> Quiet (homebodies, few guests)
	<input type="checkbox"/> Other (specify)

In the absence of the primary caregiver, who will care for the dog?

Under what circumstances would you return the dog to us? New Job Divorce New Baby Move Illness to you or pet Other – specify

Have you researched the specific breed you are interested in?

Please explain the good and bad characteristics of the breed:

Are you willing to take responsibility if this pet acquires an illness for tests positive for heartworms? Yes No

Are you willing and able to pay the veterinary costs of caring for your new pet? Yes No

Are you willing to take the time to work with a dog on housebreaking or chewing, if such problems arise? Yes No

Would you consider obedience training for your new dog? Yes No

How much time are you prepared to allow for your new pet to adjust to your home?

Have you ever rehomed a pet? If so, why?

Pet Information

Have you had pets in the last five years? Yes No | If yes, complete the following chart

Name of Pet; Indicate Dog/cat	Years Owned	Spayed/Neutered	Inside/Outside	Where is Pet Now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	

Current or past vet name of clinic: _____ Phone: _____

Do you consider your dog a part of the family? Yes No | Will your dog be on heartworm prevention? Yes No

Are you aware that a dog is a large and lifelong commitment? Yes No

How did you hear about Carolina P.A.W.S.? _____ | Would you like to become a volunteer? Yes No

To check the Checkboxes () press the spacebar over the applicable answer.



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Personal References	
# 1 Name:	Relationship:
Phone:	Best time to contact:
Comments:	

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